



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 9, 2017

Ms. Annmarie Brown, Manager
7 Royce Street
7 Royce Street
Rutland, VT 05701-4432

Dear Ms. Brown:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on .
Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

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|--|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0617 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/05/2016 |
| NAME OF PROVIDER OR SUPPLIER 7 ROYCE STREET | | STREET ADDRESS, CITY, STATE, ZIP CODE 7 ROYCE STREET RUTLAND, VT 05701 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R100 | Initial Comments: An unannounced on-site Residential Care Home (RCH) re-licensure survey was conducted on 12/5/16 by the Division of Licensing and Protection. The following regulatory violations were identified: | R100 | Please see attached Plans of Correction. | |
| R277 SS=D | IX. PHYSICAL PLANT 9.3 Toilet, Bathing and Lavatory Facilities 9.3.a Toilet, lavatories and bathing areas shall be equipped with grab bars for the safety of the residents. There shall be at least one (1) full bathroom that meets the requirements of the Americans with Disabilities Act of 1990 and state building accessibility requirements as enforced by the Department of Labor and Industry. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to assure all toilets used by residents were equipped with grab bars. Findings include: During a tour of the RCH, a bathroom on the second floor utilized by residents was observed to not be equipped with grab bars for the safety of the residents. The manager confirmed the observation during the morning of 12/5/16. | R277 | | |
| R313 SS=C | XI. RESIDENT FUNDS AND PROPERTY 11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who | R313 | | |

 Division of Licensing and Protection
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Gemmae Brown
Supervisor/Manager

1/5/17

STATE FORM

5828

3WWW11

If continuation sheet 1 of 2

R277 - R313 POC accepted 1/5/17 Fmclintan/pmm



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

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| R313 | <p>Continued From page 1</p> <p>requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RCH failed to obtain a written agreement from either the resident or their legal guardian and/or representative payee to manage the resident's finances for 6 of 6 applicable residents. (Residents # 1, 2, 3, 4, 5, 6) Findings include:</p> <p>1. During a review of resident finances/funds during the afternoon of 12/5/16 the RCH manager confirmed that although the facility is managing some of the residents' funds for incidentals, a written agreement stating the assistance has been requested and who is involved with the management of the funds has not been obtained by either the resident or legal guardian and/or representative payee.</p> | R313 | | | |

Division of Licensing and Protection
STATE FORM

A606

3WVN11

If continuation sheet 2 of 2

Community Access Program



Community Care Network
Rutland Mental Health Services
thriving community, empowered lives.

January 5, 2017

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Re: Plan of Correction for 7 Royce Street

On December 5th, 2016 the re-licensing survey revealed deficiencies at the Royce Street Level III Residential Care Home. The following is our plan of correction for the deficiencies identified in the survey.

R277 IX. Physical Plant

1. Grab bars will be installed in the upstairs bathroom that is utilized by the residents.
2. This is a one-time correction that will not need to be measured, nor will occur again.
3. This will be monitored through physical plant maintenance monitoring.
4. Grab bars will be installed by February 1, 2017

R313 IX. Residents Funds and Property

1. A written release/agreement will be created for when residents or payee are requesting in home finance holding, monitoring and assistance to be provided by the agency. This release/agreement will include the assistance requested, the terms of the request, the funds or property and the persons involved.
2. The written release/agreement will become part of the intake process for new residents. Current residents, their legal guardian and or representative payee will complete the agreement request if needed.
3. This release will become part of the RCH Intake process and be filed in the residents' record.
4. The written release/agreement will be in place by February 15, 2017.

If you have any questions please contact me at 802-773-1495.

Sincerely,

Annmarie Brown
Residential Supervisor (Administrator)
7 Royce Street
Rutland, VT 05701